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OCT 22 2007

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33805 7590 08/16/2007
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CLEVELAND, OH 44131
10/23/2007 CCHAU2 00000038 10538824

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<i>Lucille m. Regalla</i> (Depositor's name)
<i>Lucille m. Regalla</i> (Signature)
<i>October 17, 2007</i> (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/538,824	06/13/2005	Jimmy N Eavenson SR.	040158 001P2	5143

TITLE OF INVENTION: MECHANISM FOR DISCONTINUING POWER TO AN IMPLEMENT DRIVE DURING MACHINE REVERSE TRAVEL (NO POWER IN REVERSE) WITH AUTOMATIC REENGAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOVACS, ARPAD F	3671	056-011800

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <i>Wegman, Hessler & Vanderburg</i> 2 _____ 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MTD Products Inc

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Valley City, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2431 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Bruce E. Peacock

Date _____

10/16/07

Typed or printed name _____

Bruce E. Peacock

Registration No. 28,457

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